

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 153
Registered No. 384

1. PLACE OF BIRTH

County

Gila

State

Arizona

District or Township

City

Miami

or Village

No. 12 Porto Pico Canon

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Felipe Campos

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

Male

4. Twin, triplet or other

5. No., in order of birth

1st

6. Legitimate?

yes

7. Date

of birth

Aug. 23-1928

Month Day Year

8.

FATHER

Full name

Jose Campos

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami,

Arizona.

10. Color or race

Mex.

11. Age at last birthday

45 (Years)

12. Birthplace (city or place)

(State or country)

Jalisco

Mex.

13. Occupation

Nature of industry

Track man

Mining

14.

MOTHER

Full maiden name

Mercedes Hernandez

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami

Arizona.

16. Color or race

Mex.

17. Age at last birthday

32 (Years)

18. Birthplace (city or place)

(State or country)

Jalisco

Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child).

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum.

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4-15 A. m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Cyril M. Brown M.D.

Physician

(Physician or midwife).

Given name added from
a supplemental report.

Month, day, year

Address Miami, Arizona

Filed

Sept 12, 1928

Registrar.

Registrar.

632-823-489